

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G251		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 08/18/2015	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015			
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{W 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a post certification revisit to a post certification revisit completed on 7/10/15 to the investigation of complaint #IN00172930 completed on 5/21/15.</p> <p>This visit was in conjunction with a post certification revisit to a pre-determined full recertification and state licensure survey.</p> <p>COMPLAINT #IN00172930: Not corrected.</p> <p>Dates of Survey: August 17 and 18, 2015.</p> <p>Facility number: 000771 Provider number: 15G251 AIM number: 100243430</p>			{W 000}			
{W 191}	<p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.483.430(e)(2) STAFF TRAINING PROGRAM</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs.</p> <p>This STANDARD is not met as evidenced by: Based upon observation, interview and record review for 2 of 4 sampled clients (clients A and C), and for 1 additional client (client G), the facility failed ensure staff were trained to competency to implement and document client C's risk plan and interventions to prevent pressure wounds and failed to provide clients A and G their prescribed diet with pureed consistency.</p> <p>Findings include:</p> <p>1. The facility's reports to the Bureau of</p>			{W 191}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 191}	<p>Continued From page 1</p> <p>Developmental Disabilities Services (BDDS) were reviewed on 8/17/15 at 3:35 PM. A BDDS report dated 8/4/15 at 10:00 PM indicated "while completing a skin check, staff discovered a new open wound on [client C's] left inner thigh near her buttocks approximately 1 cm (centimeter) x (by) 1 cm. Staff applied prn (as needed cream.)" Corrective action indicated the group home nurse assessed the wound and no signs of infection and "no concerns were noted." The group home nurse instructed staff to continue Balmex treatment. The report indicated client C received wound care treatment through a wound care clinic, and an appointment was made to follow up care in regards to the new wound. "Will continue to monitor the area for signs and symptoms of infection and healing on a daily basis through skin checks. Staff will continue to report any new wounds to the Program Coordinator (PC)."</p> <p>An investigation dated 8/4/15-8/9/15 completed by the Program Director (PD) into the client C's pressure ulcer indicated "The nurse assessed her the following day. When an appointment with the wound care clinic was not able to be made until 8/12/15, she was taken (sic) (location not identified) on 8/7/15 for her health and safety." Factual findings indicated client C was assessed by the nurse on 8/6/15 and she (the nurse) recommended to continue the Balmex treatment...Per [medical facility] visit on 8/7/15, staff was instructed to continue to use the Balmex on [client C.]...[Client C] has a history of skin breakdown due to diabetes, immobility and obesity. She is being watched by wound care (sic) and staff is completing skin/wound assessments on a daily basis. New wounds will continue to be reported and monitored for signs and symptoms of infection. Regular follow ups will</p>	{W 191}			

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{W 191}	<p>Continued From page 2</p> <p>be made to either PCP (primary care physician) or wound care as appropriate. The findings are that this wound is a result of diabetes diagnosis, immobility and obesity." The conclusion indicated "Evidence supports staff followed protocols."</p> <p>Client C's record was reviewed on 8/17/15 at 2:50 PM. A Risk Plan updated 4/9/15 indicated client C was at risk for impaired skin integrity and broken skin (impaired integrity) "...results in open wounds, pressure sores, infection and pain. Prevention: The key to keeping the skin intact is keeping it dry and pressure free...Pressure can be relieved by repositioning the client or prompting to reposition and encouraging functional alignment when sitting upright. [Client C] has a wheelchair that leans back which she can do independently. While the chair is leaned back she can maneuver herself into a more comfortable position...[Client C] is continent, however uses adult incontinent products in case of accidents. Staff assist her with changing, as needed. [Client C] is able to tell staff when she needs to use the restroom. Staff will ensure they respond promptly to [client C] when she needs to use the restroom and will assist her in cleaning her thoroughly after using the restroom...."</p> <p>A visit to a medical facility dated 8/7/15 in the record indicated client C was seen for a pressure ulcer and was to apply Balmex 11.3% cream twice daily and follow up with specialists and client C's PCP.</p> <p>A Medication History entry dated 8/10/15 in the record indicated an entry by the group home nurse "Assist with re-positioning every 1 hours (sic) to prevent skin breakdown due to immobility. Complete paper excel spread sheet</p>	{W 191}			

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{W 191}	<p>Continued From page 3 documentation."</p> <p>A visit to a medical facility dated 8/12/15 indicated client C was seen for her pressure ulcer. Recommendations indicated "Continue strict pressure reduction and repositioning while in chair. Discussed fragility of healed area to open do (sic) to decreased tensile strength." The visit documentation indicated "wounds improved since last visit."</p> <p>An August, 2015 MAR (medication administration record) in the record indicated client C was repositioned and toileted every 2 hours from August 1-10, 2015 from 12:00 AM until 10:00 PM. Beginning 8/3/15 client C was to change positions hourly and there was a space for documentation at 6:00 AM, 12:00 PM and 8:00 PM. "Change positions hourly-while in w/c (wheelchair), reposition every 2 hours while asleep in bed. Document each shift being completed and on spread sheet." There was no documentation at 6:00 AM on 8/3/15, 8/7/15 and 8/8/15. There was no documentation of repositioning at 12:00 PM on 8/4/15, 8/6/15, 8/7/15, 8/10/15 and 8/11/15.</p> <p>A nursing note dated 8/14/15 in the record indicated client C's wound was healed, "skin very fragile," and indicated client C was to use Balmex cream and "encouraged to take 30 minute bedrest (time of day unspecified) to relieve pressure in addition to changing position every hour."</p> <p>A note dated 8/14/15 entered by the Program Director (PD) in the record indicated the "PD was informed that [client C] would like to have a recliner to sit on at day service. [Client C] expressed that when she wanted to be able to sit</p>	{W 191}			

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{W 191}	<p>Continued From page 4</p> <p>on the recliners, there were always people sitting in them. While PD was observing the day service, it was noted that the majority of the time there were individuals in the recliners and [client C] was not able to sit in them. It was the PD's observation that it would be beneficial not only to [client C], but to the other clients at the day program if more recliners were purchased. [Client C] was very pleased as evidenced by a huge smile, when PD asked if more recliners would be helpful. She stated that it would make her very happy to have additional recliners in which she could sit. Recommendations: 1. Day service is in need of additional recliners for the clients to relax, in particular, [client C] when she is repositioned. A request will be made to [Area Director (AD)]. 2. Staff at Day services should offer [client C] a recliner to sit in when she is being repositioned each hour."</p> <p>The group home nurse was interviewed on 8/18/15 at 11:14 AM and indicated client C's pressure sores had healed up. She indicated client C was now to be repositioned hourly to prevent future pressure wounds from developing. She indicated the documentation that staff complete regarding repositioning and toileting client C was reviewed weekly.</p> <p>Observations were completed at the day services on 8/18/15 from 2:20 PM until 2:35 PM. Client C sat in her standard wheelchair sitting on a gel cushion. There were two recliners in the day services common area, both of which were being used by other clients.</p> <p>Client C was interviewed on 8/18/15 at 2:20 PM. When asked if she is able to get out of her wheelchair while at day services, she indicated</p>	{W 191}			

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{W 191}	<p>Continued From page 5</p> <p>she was not able to do so. When asked how she repositions herself, she wiggled in her chair to shift her position slightly.</p> <p>DSP (Direct Support Staff) #1 at day services was interviewed on 8/18/15 at 2:22 PM. When asked if client C was out of her wheelchair during her time at day services, she stated, "Not a lot," and indicated client C required the use of a lift to assist her out of her wheelchair and onto the toilet. DSP #1 indicated the lift stayed in the bathroom at the front of the day service. DSP #1 indicated client C was toileted and repositioned every two hours. She indicated the day services staff recorded any data in regards to toileting client C in the electronic record and indicated there was a space in the record to document at 12:00 AM, 8:00 AM, and 4:00 PM. She indicated there was a paper record in addition to the electronic documentation, but she did not have access to the record.</p> <p>A blank Turning/Repositioning Schedule to be used for documenting client C's repositioning schedule was reviewed on 8/18/15 at 3:50 PM and indicated spaces for repositioning from 6:00 AM until 4:00 AM each day on an hourly basis.</p> <p>A Repositioning Schedule for August, 2015 at day services was reviewed on 8/18/15 at 6:30 PM and indicated for the week of August 12-14, client C was repositioned four times each day on Wednesday, Thursday and Friday between 8:00 AM until 4:00 PM and the week of August 17-21, was repositioned 4 times each day on Monday and Tuesday. The schedule indicated spaces to document for repositioning every 2 hours for client C.</p>	{W 191}			

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{W 191}	<p>Continued From page 6</p> <p>Staff training records were reviewed on 8/18/15 at 4:41 PM and indicated group home staff and day service staff had been trained on repositioning and toileting client C on 8/7/15.</p> <p>The group home nurse was interviewed on 8/18/15 at 4:00 PM and indicated she had initiated the paper documentation as the electronic MAR would be too lengthy for hourly documentation. She indicated the paper documentation was a supplement to the electronic record and staff should have implemented training to ensure client C was repositioned every hour and staff should have documented each time client C was repositioned and toileted.</p> <p>2. During observation at the group home on 8/17/15 from 4:13 PM until 5:59 PM, clients A and G were served a red/orange food ground into a consistency with lumps.</p> <p>Staff #3 was interviewed on 8/17/15 at 5:50 PM. When asked about the consistency, she indicated the food was pizza and it had been ground in a blender for 5 minutes. She indicated the food was smooth and with no lumps, and stated, "It's the best we can get it."</p> <p>Client A's record was reviewed on 8/18/15 at 1:28 PM. A risk plan dated 5/6/15 indicated client A was at high risk for choking and indicated she was to receive a pureed diet.</p> <p>Client G's record was reviewed on 8/18/15 at 1:45 PM. A nutritional assessment dated 4/6/15 indicated client G was to receive a pureed diet.</p> <p>Pureed Food Consistency description used by the</p>	{W 191}			

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{W 191}	Continued From page 7 group home (undated) was reviewed on 8/18/15 at 1:14 PM and indicated "All foods are prepared to a smooth consistency by grinding and then pureeing them. Appearance is smooth like pudding." Staff #3's Diet Texture Verification of Competence dated 8/3/15 was reviewed on 8/18/15 at 2:00 PM and indicated staff #3 had been trained by the nurse to competency to prepare pureed food. The group home nurse was interviewed on 8/18/15 at 1:14 PM and indicated staff had been trained on the guidelines to ensure pureed food was smooth with the texture of pudding. She indicated if staff were unable to blend the food being served to smooth consistency, they were to offer a substitute that could be prepared properly to pureed consistency. This deficiency was cited on July 10, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.	{W 191}			
{W 323}	9-3-3(a) 483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based upon record review and interview, the facility failed for 1 of 3 sampled clients (client C) to ensure a timely vision examination was completed.	{W 323}			

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{W 323}	Continued From page 8 Findings include: Client C's record was reviewed on 8/17/15 at 2:50 PM and failed to indicate an examination of client C's vision status. A vision examination dated 4/16/14 provided by the group home nurse was reviewed on 8/18/15 at 1:30 PM and indicated client C was to return for yearly vision checks. The group home nurse was interviewed on 8/18/15 at 1:30 PM and indicated there was not an updated vision examination for client C. This deficiency was cited on July 10, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.	{W 323}			
{W 331}	9-3-6(a) 483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility's nursing services failed for 1 of 4 sampled clients (client C) to ensure staff implemented her skin integrity risk plans and interventions to address pressure ulcers. Findings include: The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/17/15 at 3:35 PM. A BDDS report	{W 331}			

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{W 331}	<p>Continued From page 9</p> <p>dated 8/4/15 at 10:00 PM indicated "while completing a skin check, staff discovered a new open wound on [client C's] left inner thigh near her buttocks approximately 1 cm (centimeter) x (by) 1 cm. Staff applied prn (as needed cream.)" Corrective action indicated the group home nurse assessed the wound and no signs of infection and "no concerns were noted." The group home nurse instructed staff to continue Balmex treatment. The report indicated client C received wound care treatment through a wound care clinic, and an appointment was made to follow up care in regards to the new wound. "Will continue to monitor the area for signs and symptoms of infection and healing on a daily basis through skin checks. Staff will continue to report any new wounds to the Program Coordinator (PC)."</p> <p>An investigation dated 8/4/15-8/9/15 completed by the Program Director (PD) into the client C's pressure ulcer indicated "The nurse assessed her the following day. When an appointment with the wound care clinic was not able to be made until 8/12/15, she was taken (sic) (location not identified) on 8/7/15 for her health and safety." Factual findings indicated client C was assessed by the nurse on 8/6/15 and she (the nurse) recommended to continue the Balmex treatment...Per [medical facility] visit on 8/7/15, staff was instructed to continue to use the Balmex on [client C.]...[Client C] has a history of skin breakdown due to diabetes, immobility and obesity. She is being watched by wound care (sic) and staff is completing skin/wound assessments on a daily basis. New wounds will continue to be reported and monitored for signs and symptoms of infection. Regular follow ups will be made to either PCP (primary care physician) or wound care as appropriate. The findings are</p>	{W 331}			

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{W 331}	<p>Continued From page 10</p> <p>that this wound is a result of diabetes diagnosis, immobility and obesity." The conclusion indicated "Evidence supports staff followed protocols."</p> <p>Client C's record was reviewed on 8/17/15 at 2:50 PM. A Risk Plan updated 4/9/15 indicated client C was at risk for impaired skin integrity and broken skin (impaired integrity) "...results in open wounds, pressure sores, infection and pain. Prevention: The key to keeping the skin intact is keeping it dry and pressure free...Pressure can be relieved by repositioning the client or prompting to reposition and encouraging functional alignment when sitting upright. [Client C] has a wheelchair that leans back which she can do independently. While the chair is leaned back she can maneuver herself into a more comfortable position...[Client C] is continent, however uses adult incontinent products in case of accidents. Staff assist her with changing, as needed. [Client C] is able to tell staff when she needs to use the restroom. Staff will ensure they respond promptly to [client C] when she needs to use the restroom and will assist her in cleaning her thoroughly after using the restroom...."</p> <p>A visit to a medical facility dated 8/7/15 in the record indicated client C was seen for a pressure ulcer and was to apply Balmex 11.3% cream twice daily and follow up with specialists and client C's PCP.</p> <p>A Medication History entry dated 8/10/15 in the record indicated an entry by the group home nurse "Assist with re-positioning every 1 hours (sic) to prevent skin breakdown due to immobility. Complete paper excel spread sheet documentation."</p>	{W 331}			

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{W 331}	<p>Continued From page 11</p> <p>A visit to a medical facility dated 8/12/15 indicated client C was seen for her pressure ulcer. Recommendations indicated "Continue strict pressure reduction and repositioning while in chair. Discussed fragility of healed area to open do (sic) to decreased tensile strength." The visit documentation indicated "wounds improved since last visit."</p> <p>An August, 2015 MAR (medication administration record) in the record indicated client C was repositioned and toileted every 2 hours from August 1-10, 2015 from 12:00 AM until 10:00 PM. Beginning 8/3/15 client C was to change positions hourly and there was a space for documentation at 6:00 AM, 12:00 PM and 8:00 PM. "Change positions hourly-while in w/c (wheelchair), reposition every 2 hours while asleep in bed. Document each shift being completed and on spread sheet." There was no documentation at 6:00 AM on 8/3/15, 8/7/15 and 8/8/15. There was no documentation of repositioning at 12:00 PM on 8/4/15, 8/6/15, 8/7/15, 8/10/15 and 8/11/15.</p> <p>A nursing note dated 8/14/15 in the record indicated client C's wound was healed, "skin very fragile," and indicated client C was to use Balmex cream and "encouraged to take 30 minute bedrest (time of day unspecified) to relieve pressure in addition to changing position every hour."</p> <p>A note dated 8/14/15 entered by the Program Director (PD) in the record indicated the "PD was informed that [client C] would like to have a recliner to sit on at day service. [Client C] expressed that when she wanted to be able to sit on the recliners, there were always people sitting in them. While PD was observing the day service,</p>	{W 331}			

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{W 331}	<p>Continued From page 12</p> <p>it was noted that the majority of the time there were individuals in the recliners and [client C] was not able to sit in them. It was the PD observation that it would be beneficial not only to [client C], but to the other clients at the day program if more recliners were purchased. [Client C] was very pleased as evidenced by a huge smile, when PD asked if more recliners would be helpful. She stated that is would make her very happy to have additional recliners in which she could sit.</p> <p>Recommendations: 1. Day service is in need of additional recliners for the clients to relax, in particular, [client C] when she is repositioned. A request will be made to [Area Director (AD)]. 2. Staff at Day services should offer [client C] a recliner to sit in when she is being repositioned each hour."</p> <p>The group home nurse was interviewed on 8/18/15 at 11:14 AM and indicated client C's pressure sores had healed up. She indicated client C was now to be repositioned hourly to prevent future pressure wounds from developing. She indicated the documentation that staff complete regarding repositioning and toileting client C was reviewed weekly.</p> <p>Observations were completed at the day services on 8/18/15 from 2:20 PM until 2:35 PM. Client C sat in her standard wheelchair sitting on a gel cushion. There were two recliners in the day services common area, both of which were being used by other clients.</p> <p>Client C was interviewed on 8/18/15 at 2:20 PM. When asked if she is able to get out of her wheelchair while at day services, she indicated she was not able to do so. When asked how she repositions herself, she wiggled in her chair to</p>	{W 331}			

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{W 331}	<p>Continued From page 13 shift her position slightly.</p> <p>DSP (Direct Support Staff) #1 at day services was interviewed on 8/18/15 at 2:22 PM. When asked if client C was out of her wheelchair during her time at day services, she stated, "Not a lot," and indicated client C required the use of a lift to assist her out of her wheelchair and onto the toilet. DSP #1 indicated the lift stayed in the bathroom at the front of the day service. DSP #1 indicated client C was toileted and repositioned every two hours. She indicated the day services staff recorded any data in regards to toileting client C in the electronic record and indicated there was a space in the record to document at 12:00 AM, 8:00 AM, and 4:00 PM. She indicated there was a paper record in addition to the electronic documentation, but she did not have access to the record.</p> <p>A blank Turning/Repositioning Schedule to be used for documenting client C's repositioning schedule was reviewed on 8/18/15 at 3:50 PM and indicated spaces for repositioning from 6:00 AM until 4:00 AM each day on an hourly basis.</p> <p>A Repositioning Schedule for August, 2015 at day services was reviewed on 8/18/15 at 6:30 PM and indicated for the week of August 12-14, client C was repositioned four times each day on Wednesday, Thursday and Friday between 8:00 AM until 4:00 PM and the week of August 17-21, was repositioned 4 times each day on Monday and Tuesday. The schedule indicated spaces to document for repositioning every 2 hours for client C.</p> <p>The group home nurse was interviewed on 8/18/15 at 4:00 PM and indicated she had</p>	{W 331}			

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{W 331}	Continued From page 14 initiated the paper documentation as the electronic MAR would be too lengthy for hourly documentation. She indicated the paper documentation was a supplement to the electronic record and client C should have been repositioned every hour and staff should have documented each time client C was repositioned and toileted. This federal tag relates to complaint #IN00172930. This deficiency was cited on May 21, 2015 and July 10, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence. 9-3-6(a) 483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide adaptive equipment (customized wheelchair) to meet client C's needs for mobility and positioning to address pressure ulcers. Findings include:	{W 331}			
W 436		W 436			

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W 436	<p>Continued From page 15</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/17/15 at 3:35 PM. A BDDS report dated 8/4/15 at 10:00 PM indicated "while completing a skin check, staff discovered a new open wound on [client C's] left inner thigh near her buttocks approximately 1 cm (centimeter) x (by) 1 cm. Staff applied prn (as needed cream.)" Corrective action indicated the group home nurse assessed the wound and no signs of infection and "no concerns were noted." The group home nurse instructed staff to continue Balmex treatment. The report indicated client C received wound care treatment through a wound care clinic, and an appointment was made to follow up care in regards to the new wound. "Will continue to monitor the area for signs and symptoms of infection and healing on a daily basis through skin checks. Staff will continue to report any new wounds to the Program Coordinator (PC)."</p> <p>An investigation dated 8/4/15-8/9/15 completed by the Program Director (PD) into the client C's pressure ulcer indicated "The nurse assessed her the following day. When an appointment with the wound care clinic was not able to be made until 8/12/15, she was taken (sic) (location not identified) on 8/7/15 for her health and safety." Factual findings indicated client C was assessed by the nurse on 8/6/15 and she (the nurse) recommended to continue the Balmex treatment...Per [medical facility] visit on 8/7/15, staff was instructed to continue to use the Balmex on [client C.]...[Client C] has a history of skin breakdown due to diabetes, immobility and obesity. She is being watched by wound care (sic) and staff is completing skin/wound assessments on a daily basis. New wounds will continue to be reported and monitored for signs</p>	W 436			

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W 436	<p>Continued From page 16</p> <p>and symptoms of infection. Regular follow ups will be made to either PCP (primary care physician) or wound care as appropriate. The findings are that this wound is a result of diabetes diagnosis, immobility and obesity."</p> <p>Client C's record was reviewed on 8/17/15 at 2:50 PM. A Risk Plan updated 4/9/15 indicated client C was at risk for impaired skin integrity and broken skin (impaired integrity) "...results in open wounds, pressure sores, infection and pain. Prevention: The key to keeping the skin intact is keeping it dry and pressure free...Pressure can be relieved by repositioning the client or prompting to reposition and encouraging functional alignment when sitting upright. [Client C] has a wheelchair that leans back which she can do independently. While the chair is leaned back she can maneuver herself into a more comfortable position...."The record indicated client C had a customized wheelchair ordered for her on 5/13/15 and again on 6/8/15.</p> <p>During observation at the group home on 8/17/15 from 4:13 PM until 5:59 PM, client C sat in a standard wheelchair.</p> <p>Client C and staff #10 were interviewed on 8/17/15 at 4:45 PM and indicated client C's new wheelchair was still in progress and they were uncertain of the status of a new wheelchair ordered for her or of her old wheelchair which had broken foot rests.</p> <p>A visit to a medical facility dated 8/12/15 indicated client C was seen for her pressure ulcer. Recommendations indicated "Continue strict pressure reduction and repositioning while in chair. Discussed fragility of healed area to open</p>	W 436			

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W 436	<p>Continued From page 17</p> <p>do (sic) to decreased tensile strength." The visit documentation indicated "wounds improved since last visit."</p> <p>A nursing note dated 8/14/15 in the record indicated client C's wound was healed, "skin very fragile," and indicated client C was to use Balmex cream and "encouraged to take 30 minute bedrest (time of day unspecified) to relieve pressure in addition to changing position every hour."</p> <p>A note dated 8/14/15 entered by the Program Director (PD) in the record indicated the "PD was informed that [client C] would like to have a recliner to sit on at day service. [Client C] expressed that when she wanted to be able to sit on the recliners, there were always people sitting in them. While PD was observing the day service, it was noted that the majority of the time there were individuals in the recliners and [client C] was not able to sit in them. It was the PD's observation that it would be beneficial not only to [client C], but to the other clients at the day program if more recliners were purchased. [Client C] was very pleased as evidenced by a huge smile, when PD asked if more recliners would be helpful. She stated that it would make her very happy to have additional recliners in which she could sit. Recommendations: 1. Day service is in need of additional recliners for the clients to relax, in particular, [client C] when she is repositioned. A request will be made to [Area Director (AD)]. 2. Staff at Day services should offer [client C] a recliner to sit in when she is being repositioned each hour."</p> <p>An entry by the Program Coordinator dated 7/22/15 in the record indicated "spoke with</p>	W 436			

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W 436	<p>Continued From page 18</p> <p>[wheelchair company] July 20 and 21, [name] is handling the order for the new chair, all paper work has been filled and her assessment has been done, waiting for chair to arrive. [Name] is handling the repair claims the doctor hasnt (sic) filled out the paper work they had wrong doctor, resending. Did state to me that she (client C) owns the broken chair and it will be repaired even with getting the new one."</p> <p>An entry by the group home nurse on 8/18/15 in the record indicated the nurse had called the wheelchair company in regards to the status of client C's wheelchair and had left a message.</p> <p>The group home nurse was interviewed on 8/18/15 at 11:14 AM and indicated she had called the wheelchair company today to check on the status of client C's wheelchair that had been ordered. She was uncertain as to the cause of the delay of client C's wheelchair. She indicated client C was to use a gel cushion on her wheelchair to assist with pressure on her skin.</p> <p>Observations were completed at the day services on 8/18/15 from 2:20 PM until 2:35 PM. Client C sat in her standard wheelchair sitting on a gel cushion. There were two recliners in the day services common area, both of which were being used by other clients.</p> <p>Client C was interviewed on 8/18/15 at 2:20 PM. When asked if she is able to get out of her wheelchair while at day services, she indicated she was not able to do so. When asked how she repositions herself, she wiggled in her chair to shift her position slightly.</p> <p>DSP (Direct Support Staff) #1 at day services was</p>	W 436			

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W 436	Continued From page 19 interviewed on 8/18/15 at 2:22 PM. When asked if client C was out of her wheelchair during her time at day services, she stated, "Not a lot," and indicated client C required the use of a lift to assist her out of her wheelchair and onto the toilet. DSP #1 indicated the lift was kept in the bathroom at the front of the day service.	W 436			
{W 460}	9-3-7(a) 483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based upon observation, interview and record review, the facility failed for 1 of 4 sampled clients (client A) and 1 additional client (client G) to provide the prescribed diet with pureed consistency. Findings include: During observation at the group home on 8/17/15 from 4:13 PM until 5:59 PM, clients A and G were served a red/orange food ground into a consistency with lumps. Staff #3 was interviewed on 8/17/15 at 5:50 PM. When asked about the consistency, she indicated the food was pizza and it had been ground in a blender for 5 minutes. She indicated the food was smooth and with no lumps, and stated, "It's the best we can get it."	{W 460}			

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{W 460}	<p>Continued From page 20</p> <p>Client A's record was reviewed on 8/18/15 at 1:28 PM. A risk plan dated 5/6/15 indicated client A was at high risk for choking and indicated she was to receive a pureed diet.</p> <p>Client G's record was reviewed on 8/18/15 at 1:45 PM. A nutritional assessment dated 4/6/15 indicated client G was to receive a pureed diet.</p> <p>Pureed Food Consistency description used by the group home (undated) was reviewed on 8/18/15 at 1:14 PM and indicated "All foods are prepared to a smooth consistency by grinding and then pureeing them. Appearance is smooth like pudding."</p> <p>The group home nurse was interviewed on 8/18/15 at 1:14 PM and indicated staff had been trained on the guidelines to ensure pureed food was smooth with the texture of pudding. She indicated if staff were unable to blend the food being served to smooth consistency, they were to offer a substitute that could be prepared properly to pureed consistency.</p> <p>This deficiency was cited on July 10, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-8(a)</p>	{W 460}			